MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $=62-022532$						
			UBLIC HEALTH AND WELFARE 8 Primary Registration District No. 5438 Registrat's No. 19 STATE FILE NUMBER			
DO NOT WRITE ON THIS STUB	AMENDED		FILED JUL 1 3 1989			
VS 300	الما	1.1	COUNTY			
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Gasconade Gasconade Inside Length of stay in 1b C. CITY	Limits		
	一一		Town Brush Creek Twp. lifetime town Owensville			
1037c	₹		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside of			
20370	DATE		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home C. FULL NAME OF (If NOT in hospital, give location) Inside Limits ADDRESS Rural Route 3 Yes	No 🗆		
3		 		ear		
			Esther Mildred Brandenburger DEATH July 4, 1962			
4				ER 24 HR		
5 /	1		female white Widowed Divorced 9-7-1912 49 Months Days Hours	Min.		
·	اام	1 1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COL	UNTRY		
			housework own if retired own home Bem, Mo. USA			
7 0	파 한		13b. MOTHER'S NAME Henry Kramme Ida Tayloe Louis Brandenburge:	2		
8 1			Henry Kramme Ida Tayloe Louis Brandenburge: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	<u> </u>		
	ଝ	11	(Yes, no. or unknown) (If yes, give was or dates of service) Louis Brandenburger Owensville	. Mo		
	希	_	1 18. CAUSE OF DEATH (Enter only one cause per line f			
10	۱ ۹		PART I. DEATH WAS CAUSED BY: ONSET AND	DEATH		
11	ヺゖ		IMMEDIATE CAUSE (a)			
	HIS KEC NSTEAD	DOCUMEN	Conditions, if any, DUE TO (b) with alneralined Metastasis	•		
1290-0	SIE		which gave rise to above cause (a),			
132-0		+	stating the under- lying cause last. DUE TO (c)			
	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was fem there a pregnancy in last there a pregnancy in last the pre			
	<u> </u>			Unknown		
	AMENDMENIS		19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18 PERFORMED?	3.)		
_	Ž		YES NO NO NOnth, Day, Year			
	₹		INJURY a.m. p.m.			
RIBBON			S	STATE		
USE BLACK INK OR PEWRITER RIBBO	111		20d. INJURY OCCURRED WHILE AT WORK Street, office bldg., etc.) NOT WHILE AT WORK Street, office bldg., etc.)			
A 2 8.	READ		7/5/U9 7/U/12 her 7/5/15			
F F			21. 1 attended the deceased from			
ו אַ אָנ						
USE BLACK OR TYPEWRITER	SHOULD	0		E SIGNED		
í- l	S	<u></u>	23a. BURIAL COMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State	4/62		
	ġ	AFFIDA	23a. BURIAL, CEMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State	•		
	ES S	AFF	burial 7-7-1962 Oak Hill Cemetery Oak Hill Mo.			
	116	\		MILL		
. '	1 1 1	1 1	(Licensed Embalder's Statement on Reverse Side)	· ·		

2961 IE 7Nr

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Signature of Student Embalmer	_ Signed Milford A H Thinks
	Licensed Embalmer No. 382F

P.O. Address OWENSURLE MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.